



Mental Health and Disability Services Redesign

Judicial-DHS Workgroup Minutes

November 8, 2012

10:00 am to 3:00 pm

State Capitol Room 103

Des Moines, Iowa

MINUTES

Attendance

Workgroup Members: Judicial Magistrate Jay Stein, District Court Judge Terry Rickers, Tom Eachus, Beth Baldwin, John Baldwin, Jesse Hornback, Kathy Butler, Ron Berg, Linda Brundies, Kimberly Wilson, Gretchen Kraemer, Mary Ann Gibson, Kelly Yeggy, Deb Littlejohn

Co-Chairs: David Boyd and Karalyn Kuhns

Legislative Representation: Representative Julian Garrett

Facilitator: Donna Richard-Langer, Iowa Department of Human Services

DHS Staff: Joanna Schroeder

Other Attendees:

Magistrate Marty Fisher	Adair County
Jen Kingland	Iowa Behavioral Health Association (IBHA)
Donna Ray	Advocate
Lisa Swanson	Advocate
Stephanie Kuhn	Judicial Advocate
Jackie Bailey	Patient Advocate
Betty Bowlsby (sp?)	Patient Advocate
Veda Higgins	Johnson County Advocate
Mary Swartz	Judicial Advocate
Judith Collins	Iowa Nurses Association (INA)
Dawn Clark	Wapello County Social Worker
Jennifer Vitko	Wapello County CPC
Barb Glass	National Association for Mental Illness (NAMI)
Teresa Bomhoff	NAMI/AMOS
Kris Bell	Senate Democratic Caucus
Rachele Hjelmaas	Legislative Services Agency (LSA)
Cathy Engel	Senate Democrats
Jayna Grauerholz	Disability Rights Iowa
DeAnn Decker	Iowa Department of Public Health (IDPH)

Other Attendees Continued

Beverly Zylstra
Lee Hauptert
Nancy Lischer

Department of Inspections and Appeals (DIA)
Marshall County Judicial Advocate
Patient Advocate

COMMENTS FROM KIM WILSON

Last year Story and Clay Counties completed a court project that reviewed the commitment process. [A screening form](#) was used as part of the process with much success.

MAGISTRATE MARTY FISCHER PRESENTATION

Marty Fischer has been an Adair County Magistrate for 33 years. ([See handout.](#))

- In past 25 years a patient out within 90 minutes. Now required to take the patient respondent to local hospital for medical clearance – this only happened in last five years. Medical clearance is required so that medical issues are addressed and treated along with the behavioral issues.
- Person now goes to ER. Adair hospital has no security so the sheriff's department is now providing security for patient. In some cases, a sheriff is spending entire shift at hospital – wasted manpower.
- Having difficulty finding placement for dual-diagnosed persons. If no placement found, courts have to send person home.
- Concerned that beds are being eliminated because funding does not cover the costs. Local unit went from 8 beds to 4 beds because the facility was losing half a million a year; even with 4 beds still losing half a million a year. Recommend more beds.
- What can we do to solve this? Need to have some type of central point of processing. This could be a live body. Another option is Internet – capacity tracking system.
- Assuming you can find a bed, law enforcement is spending more than an 8 hour day transporting in some cases. The system as it is now is escalating costs.
- What will happen with substance abuse in rural area? Not functioning well. Oftentimes have to call ahead seven (7) plus days to find a bed. Then call parent back to tell them to redo paperwork at that time. Emergency SA treatment doesn't work either.
- Can the workgroup address the statutory situation of required medical clearance?

DISCUSSION ON JAMI RECOMMENDATIONS

- Gretchen Kraemer moved to adopt 3, 4,5,6,7,8,10 and vote separately on each one. John Baldwin seconded.
- Not all of these recommendations are in our charge. Propose group make recommendations that may not be in our charge if this group feels they are important.
- Groups came to consensus to look at what recommendations are parts of charge and then include an additional recommendations section in the final report.

#3 – Due to the fact there will no longer be legal settlement; JAMI recommends the advocate appointments be from where the respondent resides or the court of commitment.

- Group consensus to adopt recommendation.

#4 – JAMI recommends the advocates be identified as a core service.

- Group consensus to adopt recommendation.

#5 – In addition, recommend the Supreme Court adopt the new physician reporting forms currently being piloted in the 4th and 7th judicial districts.

- Outside our purview; this would be recommended to Judicial Council.
- Group consensus to adopt recommendation.

#6 – In the case of substance abuse commitments, JAMI recommends advocates only be appointed when there is dual filing. Recommend advocates not be appointed to stand alone substance abuse filings due to the number of cases, cost and short term duration of commitments.

- Group voted to not adopt.

#7 – JAMI supports the sun setting of Chapter 222. Recommend elimination only of the 222 commitment process and that advocates be appointed to Chapter 222 cases during the transition period to assist with and ensure there is no interruption of service. Recommend advocates be appointed to individuals found “not guilty by reason of insanity” placed in facilities.

- NGRI - two committed and four in community.
- Group voted to not adopt; but rather revise early recommendation.

#8 – JAMI supports clarifying in 229.19(c) advocates may attend hearings and receive compensation for attending.

- Group consensus to adopt recommendation.

#10 – JAMI supports adding in 229.19(1a): “preferred qualifications are a bachelor’s degree or related post-secondary education coursework in a social science, education , nursing or other related area and at least one year of work experience in a mental health treatment related position.”

- Group consensus to adopt recommendation.

DISCUSSION OF COUNTY SOCIAL SERVICE PROPOSAL

- Made motion to approve document for purposes of discussion by Kelly Yeggy – second by Mary Anne Gibson.
- Considered by committee and discussion was to not recommend replacement of MH advocates with case managers or service coordinators.
- There is confusion on role of advocate and case manager once a person is in a placement situation. Would like clarification of roles in recommendation to keep MH advocates separate.

- Ombudsman's Office is not an advocacy group. Court appointed attorney not involved during this time; Iowa Disability Rights does not advocate for a person who has MH advocate. DIA also does not advocate for individual's civil rights.
- Group consensus to not adopt any sections of the proposal.

DISCUSSION ON RECOMMENDATIONS FROM KELLY YEGGY

- #3 is a variation of JAMI's number #3. This more reflects something currently in Iowa code in terms of instruction on where venue is kept.
- Already established change of venue in code already. There are rural counties with no facilities; if you say where respondent is placed, JAMI recommendations leave it more open.

#3 – Advocates will be appointed to new respondents based on court venue criteria (229.44) versus county model of residency, i.e. if facility placement this allows local advocate to be appointed. (Time frame July 1, 2014 with complete transition by January 1, 2015.)

- Reason: Termination of legal settlement.
- Reason: The local Advocate can be more responsive.
- Group voted to not adopt.

#9 – The court should be given legal authority to terminate an individual's commitment under the circumstance of guardian appointment in which the guardian appointment is meeting the needs of the individual based off the advocate's recommendation. (Time frame July 1, 2013.)

- Reason: Conservation of resources; however, not all commitments should be terminated. For example, due to the symptoms of a person's illness, an individual under commitment may not recognize the authority of the guardianship and the commitment is the sole influence relating to compliance with treatment.
- Group consensus to adopt recommendation.

DISCUSSION ON RECOMMENDATIONS FROM THE OFFICE OF THE OMBUDSMAN/CITIZEN'S AIDE

- Resolved through recommendation for unit attached to DIA.

DISCUSSION/REVIEW OF CURRENT RECOMMENDATIONS

Recommendation: Modify the application for commitment so it is the same for chapters 125 and 229.

The application submitted to the clerk of court would state:

- a. Danger to self or others;
- b. Lack of judgmental capacity; and
- c. Due to serious mental illness and/or substance induced disorder.

No changes made by workgroup members to this recommendation.

Recommendation: Require offer of pre-commitment screen for all respondents before filing for chapters 229 and 125.

**...filing for chapter 125 as well as 229. (it is 229.5A)*

- Don't offer unless available.
- Thought initial goal was to create parity between 125 and 229.
- Would enable us to get data on how many people would have assessed the service. This will be the only way we can get funding – by showing what the cost savings was, or could have been.
- Motion from Kelley – [same as in law now](#) – seconded by Deb Schildroth. Passed.

Recommendation: Abolish involuntary commitment process of chapter 222.

- Discussed a sunset clause with a timeframe. A year was what was proposed. Add “allow at least one-year planning for change” in comments section.
- Change “abolish” to “sunset”.
- This will allow current cases of 222 be cleaned up and no individual is harmed with the closure.
- Would like to add who is accountable in the comments section of the recommendation.
- Should the courts be directed to make the identification and inform the CPC?
- Motion to add in recommendation to ask county clerk of court to inform regional administrator of names of individuals under 222 commitments, and ask them to assist in clean-up and ensure clients don't have interruption in services. Second by Tom Eachus. Passed.

Recommendation: Modify involuntary commitment code sections in chapters 125 and 229 to include updates and community based service language.

- Get group back to task to rewrite code.
- Do we want to add co-occurring language?

Recommendation: The statewide mental health advocacy program should be an attached unit of the Department of Inspections and Appeals (DIA) with a director presiding over the unit, to provide oversight.

- Unit director is responsible for providing oversight and establishing a consistent reimbursement plan across the state. ...director who has administrative authority and accountability”.
- Concern regarding court not choosing the advocate.
- Judicial branch for many years has supported the idea that there needs to be a statewide program to oversee patient advocates.
- Would expect that the director of this division would train, supervise, hire, fire, handle complaints etc.
- Motion from Linda Brundies and seconded by Judge Rickers. Passed

Recommendation: Consider assignment of advocates for substance induced disorders and those found not guilty by reason of insanity after the state-wide system and oversight is in place for mental health advocates.

- Motion by Judge Rickers, Jesse Hornback seconded.
- There is such a high bar to be an NGRI. Don't think we have advocates to handle these individuals. These people are just trying to survive.
- Motion to Split "and those found not guilty by reason of insanity" in a separate recommendation. Passed.

OTHER RECOMMENDATIONS TO CONSIDER:

- Propose that the report talk about money.
 - Need to address issue without adequate funding system won't change.
 - Address that implantation of recommendations would save money in some instances in the report.
 - Passed.
- Qualified professional work force.
 - Unless you have qualified people to do the work. The system still won't improve.
 - Passed.
- Motion to expand and utilize the I-PHACTs system.
- Bed crisis in this state seems to get worse rather than better. Availability of beds – do we have enough, are they the right types of bed and are the appropriately used?
- Motion for justice-involved services to become a core service.
 - Include jail diversion, pre-commitment screening, etc.
- The Iowa Hospital Association needs to take a larger role in placement including mental health and medical screening.
- Add list of what wasn't adopted from last year and pull into recommendations to consider, again, i.e. transportation.

PUBLIC COMMENT

Comment: I still think advocate role important and want it to continue and I hear your support and appreciate it. Many times an advocate is the only constant in a client's life. Many times only I know what medications are effective or not and share that info with providers and court.

Comment: Make sure there is adequate funding – without this it gets very difficult.

Comment: Sometimes we forget rural area's resources are very limited. Think the biggest issue here is there are no beds. A client is taken to jail

when no beds are available during a crisis situation. We should not lose sight that the advocate position is a very strong position for the rights of the patient. Do not lose sight that substance abuse patients be represented by advocates. Please consider keeping a Judicial Supervisor of some sort in administrator attachment otherwise we will dilute the position of the patient advocate.

Comment: Want to reiterate the critical need for beds. Have had juveniles held in jail because no beds. We are an arm of the court and we need to have court representation as part of our job. Advocates are more hands on than case managers so it is important for them to remain separate. When considering transferring of advocates, please keep in mind who you are trying to help: the client. A one person contact for consistency is the best way to help.

Comment: Thank you for having guests. Comments about availability of MH professionals that keep our communities safe were well spoken. It's a daunting plan to increase MH professionals in a state with problems such as funding.

Comment: There is a huge difference on what is available in the judicial system and what is available outside of the system. There are families out there that are just desperate for help. When you come to a meeting where you ask them to take into account, not just look at the bottom line of savings and point out that they're causing all kinds of unintended adverse consequences down the line, it just makes you sick.

Comment: Sometimes the public has a viewpoint of SA abusers that is not accurate. Many are self-medicating because they have unresolved mental health issues. There is an extremely critical situation in Iowa to help these folks.

*Next meeting is conference call on Tuesday, November 20, 2012, from 3:00 pm to 4:00 pm.

FOR MORE INFORMATION

Handouts and meeting information for each workgroup will be made available at:
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.